

PERSCARE SUPPLEMENT TO ORIGINAL MEDICARE PLAN

ADDENDUM #1 FOR 2012

This addendum contains information regarding benefit corrections to the PERSCare Supplement To Original Medicare Plan effective January 1, 2012. Please keep this important information with your Evidence of Coverage booklet for future reference. The following change is made to the section as described below.

The table which shows the copayment structure for the retail pharmacy and mail service programs (see page 22) is deleted and replaced by the following:

Participating Retail Pharmacy/ CVS Caremark Specialty Pharmacy (short-term use)	Maintenance Medications*: Participating Retail Pharmacy filled at non-Maintenance Choice® Retail after 2nd fill (a maintenance medication* taken longer than 60 days for a long-term or chronic condition)	Maintenance Medications*: CVS Caremark Mail Service/ Maintenance Choice® (a maintenance medication* taken longer than 60 days for a long-term or chronic condition)
Generic \$5.00 Preferred Brand \$20.00 Non-Preferred Brand \$50.00 Partial Waiver of Non-Preferred Brand copayment** \$40.00 Discretionary Drugs 50%	Generic \$10.00 Preferred Brand \$40.00 Non-Preferred Brand \$100.00 Partial Waiver of Non-Preferred Brand copayment** \$70.00 Discretionary Drugs 50%	Generic \$10.00 Preferred Brand \$40.00 Non-Preferred Brand \$100.00 Partial Waiver of Non-Preferred Brand copayment** \$70.00 Discretionary Drugs 50%
Up to a 34-day supply	Up to a 34-day supply	Up to a 90-day supply
Out-of-Pocket Maximum, per person each calendar year: not applicable	Out-of-Pocket Maximum, per person each calendar year: not applicable	Out-of-Pocket Maximum, per person each calendar year: \$1,000 (excluding Non-Preferred Brand- Name Medication copayments, Discretionary Drug coinsurance, and "Member Pays the Difference" differential)

* A maintenance medication should not require frequent dosage adjustments, and is prescribed for a long-term or chronic condition, such as arthritis, diabetes, and high blood pressure or is otherwise prescribed for long-term use (as an example, birth control). Ask your physician if you will be taking a prescribed medication longer than 60 days. If you continue to refill a maintenance prescription at a non-Maintenance Choice® retail pharmacy after the second fill, you will be charged a higher copayment, which is the applicable Mail Service copayment described above. Please note that while medications can be filled at a retail pharmacy, long-term medications (medications taken for 60 days or more) will cost more if refilled at a retail pharmacy after the second fill. Members can refill the same medications by Mail Service or at a Maintenance Choice® retail pharmacy at a cost savings. Certain Specialty medications are available only through the CVS Caremark Specialty Pharmacy.

Examples of common long-term or chronic conditions:

Birth control
High blood pressure
High cholesterol
Diabetes

Examples of common short-term acute illnesses, injuries or conditions:

Influenza (the "Flu")
Pneumonia
Urinary tract infection

**To obtain a partial waiver to purchase a Non-Preferred brand-name drug at a reduced copayment, please refer to the Partial Waiver of Non-Preferred Brand Copayment process as outlined in the Prescription Drug Appeal Procedure on pages 50-51. To obtain a partial copayment waiver, your physician must document the necessity for the non-preferred product vs. the preferred product(s) and the available generic alternative(s).